Subst	Substitute for form 1449A&B/PTO			Complete if Known		
				Application Number	10/578,340	
INF	FORMATION DIS	CLOS	URE	Filing Date		
ST	STATEMENT BY APPLICANT			First Named Inventor	LAPANASHVILI, Larry	
		-	•	Art Unit		
	(Use as many sheets as necessary)			Examiner Name	Not Yet Assigned	
Sheet	1	of	1	Attorney Docket Number	088790-000300US	

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Document Number Number Kind Code ^{2 (M knawn)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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Examiner Signature	/Nicole Lavert/	Date Considered	07/11/2008
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language Translation is attached.